W/

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS AND MINING

1594 West North Temple - Suite 1210
Box 145801
Salt Lake City, Utah 84114-5801
Telephone: (801) 538-5291
Fax: (801) 359-3940

RECEIVED

FEB 0 3 2000

DIVISION OF OIL, GAS AND MINING

ANNUAL REPORT OF MINING OPERATIONS

The informational requirements of this form are based on provisions of the Mined Land Reclamation Act, Title 40-8, Utah Code Annotated 1953, as amended, and the General Rules as promulgated under the Utah Minerals Regulatory Program. An operator conducting mining operations under a Notice of Intention must file an annual operations and progress report (FORM MR-AR) with the Division.

I.	Genera	al Information		
	1.	Report Time Period: From (mo./yr.) / 99 To (mo./yr.) /-2000		
	2.	DOGM File Number (Mine No): / / 5 250017 - 5250019 - 5170039		
	3.	Mine Name: 570NEMEDGE-LOWDOWN #1 LOWG CULCHIE		
	4.	Mineral(s) Mined (or permitted to mine):		
	5.	Type of mine		
	6.	Legal Description (Location of Lands Affected):		
STOWEH	TOWEHEOCE NW 1/4, 1/4, Section _/_, Township 395, Range /W			
LOWDOWN		SW 1/4,1/4,1/4, Section 27 , Township 385 , Range $/W$		
LONG CHECH		<u>5ω</u> 1/4, <u>νω</u> 1/4, Section <u>6-7</u> , Township <u>365</u> , Range <u>4E</u>		
7.	Name of Operator or Company:			
	8.	Permanent Street Address:		
		City, State, Zip:		
		T.		
		Phone: Fax:		
	9.	Phone: Fax: Company Representative (or designated operator):		
	9.			
	9.			
	9.	Company Representative (or designated operator): Name: MIKE OKITAMANT - DON WOOD Title: Business Address:		
	9.	Company Representative (or designated operator): Name:		
	9.	Company Representative (or designated operator): Name: MIKE DESTAMANT - DON WOOD Title:		
	9.	Company Representative (or designated operator): Name:		
II.		Company Representative (or designated operator): Name: MIME OKTTAMANTE - DON WOOD Title:		
II.		Company Representative (or designated operator): Name:		
II.	<u>Mining</u>	Company Representative (or designated operator): Name: MIME OKTTAMANTE - DON WOOD Title: Business Address: City, State, Zip: P.O 291 KANAS UT. 84741 Phone: 435-644 8877 Fax: Please check if any of the above information has changed since previous year.		

	4.	Briefly describe the type of work performed, volume of material moved, and any new or additional surface disturbances that occurred during the past year.			
	5.	How much additional acreage was distu	rbed during the past year?		
	6.	. How much acreage was reclaimed during			
	7.	Briefly describe the reclamation work performed during the past year. This description should include methods employed, and an evaluation of the results.			
	8.	What is the total disturbed acreage of entire project at years end? BETWEEN 1 & 2 ACKE			
9.	9.	Briefly summarize any mining and/or reclamation plans for the upcoming year.			
		THESE LOCATIONS WERE CONFISCATED BY THE BLM			
		ALL WERE LOCATED IN THE GRAND STATECASE NATL MONINA			
		ANY ACTIVITY HERE NOULD BE IMPOSSIBLE UNLESS THE BL			
		HONNORS THE VALID EXISTING PROPERTY RICHTS, OR THE MONUMENT IS INVALIDATED IN FEDERAL CORRES.			
NOTE	:	Section III., "Additional Information" ap			
III. <u>Add</u>	ditional	<u>Information</u>			
	1.	An updated surface facilities map should be attached if there have been significant changes since the previous map was submitted.			
	2.	Any monitoring results or other reports that are required under the terms of the approved notice of intention should also be attached.			
IV. <u>Si</u>	<u>gnature</u>	Requirement			
	I here	eby certify that the foregoing is true a	and correct.		
		Name (Typed or Print):	MIKE DETTAMANTI		
		Title of Operator:			
		Signature of Operator:	MIKE DETTAMANT		
		Date:	NIKAZ DZITAMAJASZ		

jb a:\forms\MR-AR